

WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631 TOLL-FREE IN-STATE: 1-800-345-2529

> TDD: 360-486-3637 WEB SITE: www.wsgc.wa.gov

CHARITABLE / NONPROFIT ORGANIZATION – LOWER VOLUME ACTIVITIES

* * * GENERAL INSTRUCTIONS * * *

- 1. Please *Type* or *Print* With Dark Ink.
- 2. Answer <u>ALL</u> questions. Use **N/A** if not applicable. Have you missed anything? For assistance, contact the Licensing Section at (360) 486-3440 OR at our toll-free number 1-800-345-2529.
- 3. Mail or deliver the completed application and fee(s) to the above address. <u>PLEASE NOTE</u> we have the capability of receiving <u>faxed</u> items to expedite the receipt of application documentation.
- 4. Please read the enclosed pamphlet entitled "Gambling License Certification Program" and the condensed rules. You will find them very helpful and informative.
- 5. Be sure that you select the correct license type(s) and correct license class.
- 6. Make sure that the application is signed and dated by the appropriate individual(s).
- 7. AVOID PROCESSING DELAYS. Ensure that the application and any attachments are complete.
- Attend mandatory training as required by WAC 230-03-070.

TYPES OF ACTIVITY / LICENSE CLASS / FEES: (Mark ⊠ <u>ALL</u> Applicable Activities)

Check the attached <u>Fee Schedule – Bona Fide Charitable / Nonprofit Organization (GC5-055 FS)</u> for annual gross receipt volume authorizations for the appropriate license classes and fees – if these classes do not fit your needs, you may wish to apply for the higher volume activities. If so, complete and submit the *High Volume* application (GC4-006).

If your plans include a joint raffle, contact the Gambling Commission for further details and instructions.

Raffles (02) See Section 6, Class A – D, of Fee Schedule	Amusement Games (03) See Section 1, Class A – D, of Fee Schedule
☐ Class: ☐ Fee: \$ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Class: Fee: \$ Any organization who owns their Amusement Game equipment or conducts carnivals must be Class "B" or above.
Class: Fee: \$,	Fund-Raising Event Distributors (29) See Section 11, Class E – F, of Fee Schedule
Punchboards / Pull Tabs (04) See Section 5, Class A – C, of Fee Schedule	Class: Fee: \$,
Class: Fee: \$, Combination (08) (Bingo, Raffles, Amusement Games and allows general Card Games where no fee is charged) See Section 7, Class A – C, of Fee Schedule	See Section 4, Class D, of Fee Schedule Class: D Fee: \$ TOTAL FEES SUBMITTED \$
Class: Fee: \$ i, NOTE: All refunds of application/license fees will be issued to	the applicant.
Business Office Use Only:	
Code: 211- Date: /	_ Amt: \$,, _ .00 Val #:
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1.	ΑP	PLICANT:
	a.	Name:
		Mailing
		Address:
		City Zip
		County: _ _ _ _ _ _
		Organization's Business Telephone Gambling Premises Telephone
		Organization's Fax
		E-Mail Address:
		@
		Department of Revenue Unified Business Identifier (UBI) Number:
	b.	Have you previously applied for or been licensed by the gambling commission?
		<i>IF YES</i> : When:
		Type of License:
	C.	BINGO ONLY — County in which the organization's primary
	٥.	business office is located:
		If no business office, provide the county in which the
		organization's president resides:
2.		EMISES / EQUIPMENT:
	a.	Premises: Does the organization own the premises where the activity will be conducted? Yes \(\scale \) No \(\scale \)
		Address:
		Sileer Address
		City State Zip
		County: _ _ _ _ _ _ _
		Is the above address within the
		boundaries of a town or city? Yes No Phone # -
		Does the jurisdiction in which you plan to operate allow the gambling activity you are applying for?
		Yes No No
		IF RENTED, provide the following:
		Landlord: Last Name:
		First Name: _ _ _ _ _ _ _ _ _
		,
		Address:
		SUBMIT A COPY OF THE LEASE AGREEMENT.
	b.	Will your organization share the premises with another organization that conducts bingo? Yes No
	·	IF YES, on a separate sheet of paper list:
		(i) The name of all organizations sharing the facility;
		(ii) Names and signatures of the highest-ranking officer for each organization involved; (iii) Copies of any written agreements between organizations; and
		(iii) Copies of any written agreements between organizations; and (iv) The method used to share expenses.

2.	PR	EMISES / E	QUIPM	ENT:	(Co	ntinu	ıed)																				
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4.	PR	OPOSED ACTIVITY MANAGER(S): (Continued)
	c.	Last Name:
		First Name: MI:
		Gambling Activity:
		Home Address:
		City State Zip
		County:
		Phone: - Cell Phone: - - -
		Social Security #: - - Birthdate: - _ - _ - _ - _ -
		E-Mail Address:
		@
	If a	any of the following apply, the activity manager will require a Nonprofit Gambling Manager license:
		Class "D" or Above Bingo (Primary / Assistant Manager):
		☐ Primary ☐ Assistant
		Class "C" or Above Punch Board / Pull-Tabs (Primary Manager Only).
		Paid Employee Responsible for Supervision of the Operation of Progressive Jackpot Pull-Tab Games.
		Paid Employee Responsible for Supervision of Gambling Managers.
		Paid Employee Assigned the Highest Level of Authority by the Officers or Governing Board if your Organization:
		➤ Is licensed to receive more than \$300,000 in combined gross gambling receipts; or
		Has established a trust and / or endowment fund and has gambling receipts in excess of \$100,000 contributed to that fund.
5.		IALIFICATION / ANNUAL CERTIFICATION INFORMATION:
	NO	TE: <u>Applicants Currently or Previously Licensed</u> by the Gambling Commission need only complete those items which have changed since the last application. If No Change, write N/A in each space provided.
	a.	Historical - Initial Application and Changes Only:
		(1). When was your organization formed or incorporated? _ - _ - _ - _ - _ Month Day Year
		(2) When does your accounting fiscal year end? - - - Month Day Year
		(3) Mark ⊠ the purpose(s) for which your organization was formed and operated. (Circle your primary purpose.)
		☐ Agricultural ☐ Charitable ☐ Educational ☐ Patriotic ☐ Religious
	b.	☐ Athletic ☐ Civic ☐ Fraternal ☐ Political ☐ Social Is your organization exempt from the payment of federal income taxes? Yes ☐ No ☐
	υ.	IF YES: What is your Internal Revenue Service (IRS) exemption code section? 501(c)() (Example: 501(c)3) Please call us if you are confused about your particular IRS code.
	c.	Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?
		Yes No IF YES, complete the following:
		Name of Organization:
		Relationship:
		Are gambling funds being used (or plan to be used) to benefit the related organization?

6.	MEMBERS	SHIP IN	FORMATIO	N: (Com	plete Even If F	Previously Lice	nsed)			
	a. How m	any reg	ular membe	rship me	etings has yo	ur organization	held during	the last fisc	cal year?	
	b. How m	any act	ive member	s are in y	our organizati	on as of the da	ate of this ap	plication?		
	c. Are all	membe	ers allowed to	o vote in	elections for o	officers and boa	ard members	s?	Yes 🗌	No 🗌
	<u>IF NO</u> :	How m	any voting n	nembers	? _	_				
7.	BINGO AP	PLICA	NTS ONLY -	- COMPI	LETE THE FO	LLOWING SO	CHEDULE: (Times / Day	ys of Bingo)	
	Monda	y:	:	[☐ am / ☐ pi	m to		:	☐ am / ☐ pn	n
	Tuesda	ay:	:	[☐ am / ☐ pi	m to		:	☐ am / ☐ pn	n
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9.	public and /	or you	r members.						d by your orgar areas, but indic	
10.	ALL docur	ments li	sted below.)	(*** <u>Appl</u>	licants previo		by the com	mission ne	(<u>New applicant</u> eed not submit it renewal.)	

- a. IRS exempt status letter enclose a copy of your IRS letter declaring that your organization is exempt from the payment of federal income taxes.
- b. A copy of your current bylaws and articles of incorporation.
- c. Written lease or rental agreement for use of the premises. (If you own the premises, please note.)
- d. Written lease or rental agreement for use of equipment. (If you own the equipment, please note.)
- e. Copy of minutes two of the most current and one from as far back as available. (At least one year.)

* * * STOP * * *

Please review the entire application <u>AGAIN</u>. Have you forgotten to complete any questions or submit required documents? <u>Incomplete applications and document omissions will cause a significant delay in processing your application</u>.

- PLEASE HELP US TO HELP YOU -

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

OATH OF THE ELECTED PRESIDENT ONLY

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of my initial application or revocation of any gambling license(s) currently held. I understand that I must notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that I must also notify the Gambling Commission should any criminal or civil actions be filed against me during the application or license period. (See WACs 230-03-055, 230-06-080, 230-06-085 and 230-06-090.) I understand that if I fail to make such notification it may be grounds for denial, suspension or revocation of my application or license(s). [See RCW 9.46.075(7) and WAC 230-03-085(7).] I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus processing and investigative costs, will be refunded.

I understand that I am responsible to know and comply with all rules and laws, <u>RCW 9.46</u> and <u>WAC 230</u>, which can be found on the Internet websites of the Washington State Gambling Commission or the Washington State Legislature.

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